Entered - 01/02/01 - sb CL01L0004 - DIANNE C. MITCHELL

CLAIM OF: RICKY JEFFERY

2098 Morehouse Drive Atlanta, Georgia 30314

For damages alleged to have been sustained as a result of property damage during the execution of a search warrant on April 29, 1999 at 2098 Morehouse Drive.

THIS ADVERSED REPORT IS APPROVED

BY

ROSALIND RUBENS NEWELI

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0004</u>	Date:
Claimant /VictimRICKY JEFFERY	
BY: (Atty)(Ins. Co.)	
BY: (Atty)(Ins. Co.)	ita, Georgia 30314
Subrogation: Claim for Property demage \$	15 404 00 Podily Injury C
Date of Notice: 12/07/00 Method: W	ritten, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence <u>04/29/99</u> Pla	ce: 2098 Morehouse Drive
Department Police D	ivision:
Employee involved	ritten, properXImproperX ce:2098 Morehouse Drive ivision: Disciplinary Action:
NATURE OF CLAIM: The claimant alleges his proj	perty was damaged during the execution of a search warrant.
<u>However, the claim as presented does not comply with</u>	the requirements of notice as set forth in O.C.G.A. §36-33-5.
The six month statute of limitations expired prior to re	eceipt of the claim.
INVESTIGATION:	
Statements: City employee Claimant	Others Written Oral
Pictures Diagrams Reports: Police	Dent Report Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Others Written Oral Dept Report Other Claimant Driver Claimant Driver
BASIS OF RECOMMENDATION:	
Francisco Communicated N	36. 14. 11
Function: Governmental A	Ministerial Damages reasonable
City not involved	ctod Commonica anti-mant
Pencir/replacement by Inc. Co.	cted Compromise settlement
Claimant Magligant City Magligant	Repair/replacement by City Forces Joint Claim Abandoned
Claimant Negligent City Negligent	Joint Claim Abandoned
	Respectfully submitted,
	respectatify business,
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(Meser Muilland
	INVESTIGATOR - DIANNE C. MITCHELL
	/
RECOMMENDATION: /	
	•
Pay \$	Account charged: 1A01 2J01 2H01
Claims Manager: Muse Muse Muse	Concur/date D1-16 01
Committee Action:	Council Action
FORM 22 61	

RE: CLAIM FOR DAMAGES COUNCIL OF THE CITY OF ATLANTA MUNICIPAL CLERK DEC.2,2000 Today's Date: City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335 Dear Municipal Clerk: 01L0004 - DIANNE MITCHELL This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 15.404 property bodily injury for which I contend the City is liable. APRIL 29,1999 2. Time of Incident: 9-11a.m. 3. Police called: 1. Date of incident: _ (month/day/ year) 4. Location of incident (including street address): 2098 MOREHOUSE DRIVE ATL. GA 30314 Policy No. 11-CD-5707-6 5. Name of your insurance company: STATE FARM INSURANCE CO. State what and how incident occurred: THEICERS ENTERED OUR HOME ON A STATEMENT FROM ONE OF THE MEN IN CUSTODY FROM A DRUG BUST AT 2099 MOREHOUSE DRIVE.I feel THAT IF THEY WANTED TO SEARCH OUR HOME THEY COULD HAVE ASKED RICKY BECAUSE HE WAS AT HOME AT THE TIME OF THE BUST ACROSS THE STREET. THE A.P.D. HAD NO REGUARD FOR THE THINGS WE HAD IN OUR HOME; NOR DID THEY HAD ANY REASON TO COME INTO OUR HOUSE IN THE FIRST PLACE. WE ARE HARD WORKING PEOPLE AND WE TRY TO TEACH OUR KIDS GOOD VALUES. IT WAS VERY HURTFUL FOR MY SON TO BRING ME A FLYER I DON'T THINK YOU CAN PAY ENOUGH FOR THAT! OF LIES HOME. 7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION! 8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title). Your vehicle: (Year) (Tag Number) (Driver's Name) (Make) City vehicle: (City Driver's Name) (Department/Bureau) Witness: (Address) (Telephone Number) (Name) 10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s). 11. This claim should be mailed immediately to the address shown above. I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. 2098 MOREHOUSE DRIVE (Address) ATLANTA GEORGIA 30314 (City, State and Zip Code)

 $01-\mathcal{L}$ -0140

(404)799-6584 S

(Work Number)

(Home Number)